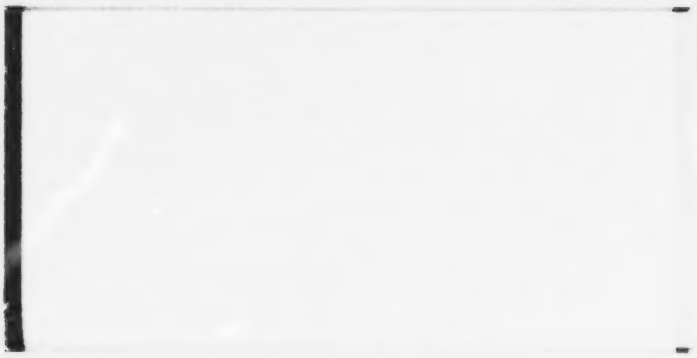

THE SOCIAL PLANNING and RESEARCH COUNCIL of Hamilton and District

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A STUDY OF HOUSING AND SUPPORT CARE FOR THE PHYSICALLY DISABLED IN HAMILTON-WENTWORTH

SUMMARY AND RECOMMENDATIONS

March, 1986

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EXECUTIVE SUMMARY

INTRODUCTION

In April 1985, the Social Planning and Research Council began a study of the housing and support care needs of the physically disabled in Hamilton-Wentworth.

To assist the research team, a Community Advisory Committee was established to oversee the development and implementation of the study. The Committee also held a number of meetings with representatives of local and Provincial Government housing agencies.

The recommendations in this report reflect information analyzed from both the three surveys administered during the study and meetings held with various housing agency representatives and government representatives.

BACKGROUND

The basic goals of the study were:

1. To determine the housing needs of physically disabled persons in Hamilton-Wentworth;
2. To determine the housing demands of physically disabled persons including the type of housing, costs, location and modifications required as well as the support services needed to sustain disabled persons in their housing;
3. To profile the demographic characteristics of a sample of the physically disabled population; and,
4. To identify important requirements and difficulties/problems of physically disabled persons when searching for housing in Hamilton-Wentworth.

For the purposes of the study, a physically disabled person was defined as:

A person with a medically identifiable disability that results in manipulation and/or mobility restrictions. The disability would be severe enough to require modifications to a housing unit to permit community living. The physically disabled person may need assistance from other persons with basic daily living activities such as eating, dressing, grooming and bathing. This definition included those with sensory disabilities (visually impaired and hearing impaired).

METHODOLOGY:

Three self-administered questionnaires were designed and implemented throughout the study:

1) a consumer (community) survey to determine the needs of physically disabled persons for housing and support care services;

2) an institutional survey to determine if certain disabled persons currently living in institutions could reside in the community with appropriate support;

and,

3) a key informant survey to determine the views of human service agency directors regarding the need for housing and support care for the physically disabled in Hamilton-Wentworth.

A literature review and examination of the current 'supply' of housing and support care services in the Region was also undertaken during the study.

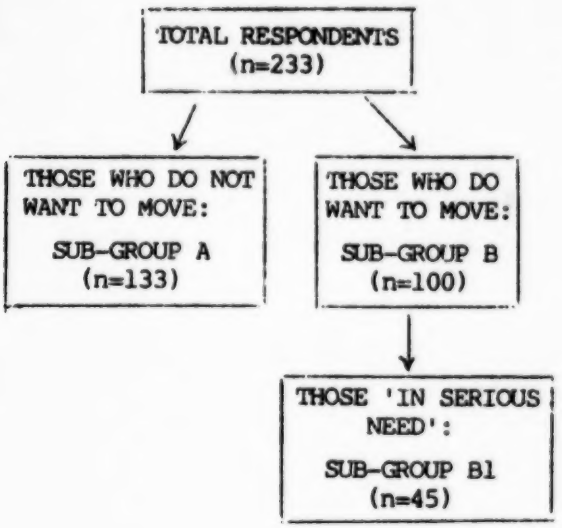
STUDY RESPONSE:

The following response was obtained from the questionnaires:

1) Consumer (Community) Survey -

233 returns (32 percent response)

It should be noted that the returns from this particular questionnaire were divided into three sub-groups as follows:



2) Institutional Survey -

20 returns

3) Key Informant Survey -

29 returns (66 percent response)

STUDY RESULTS:

i) Consumer (Community Survey)

The results of the survey of 233 physically disabled persons in the Region indicated the following:

DEMOGRAPHICS

- 71 percent were between the ages of 20 and 59 (21 percent were 60 years and older and 8 percent were under 20 years of age);
- the male to female ratio was 1:1;
- 38 percent lived by themselves (33 percent lived with one other person); and,

- 48 percent had monthly family incomes of less than $800 indicating that at least 48 percent live below the poverty line ($9723 annually for a 1-person household). Furthermore, 29 percent reported monthly family incomes of less than $600, placing them well below the poverty line.

This demographic profile was essentially the same for all three Sub-Groups except Sub-Group B1 ('Those in Serious Need'). This particular group was determined to be in great need of a subsidized housing unit and their demographic profile (compared to the Total Respondents) indicated that:

- 91 percent were between the ages of 20 and 59 (compared to 71 percent for all respondents);
- 64 percent lived alone and 13 percent lived with one other person (compared to 38 and 33 percent respectively for all respondents); and,
- 82 percent had monthly family incomes of less than $800 indicating that at least that many live below the poverty line (compared to only 48 percent of all respondents).

HOUSING AND SUPPORT CARE NEEDS

a) Those Who Do Not Want to Move: Sub-Group A (n=133)

Of the 133 respondents who did not want to move from their current accommodation, a large majority (72 percent) occupied dwellings that had little or no modifications. The data, however, indicated that over half of this group (53 percent) required, or could benefit from, a partially modified unit. It appeared that many people did not feel they required modifications that would be helpful; many were able to cope without changes and, thus, viewed the modifications as not necessary. Interestingly, 44 percent of this group indicated that they had not made modifications to their unit because they were too expensive.

b) Those Who Do Want to Move: Sub-Group B (n=100)

Half of those who wanted to move from their current dwelling indicated that they would require a two-bedroom unit. The data for this sub-group clearly indicated that many disabled persons did not have modifications to their units which they needed. Respondents indicated that their main reasons for not moving were: the need for financial assistance with rent (67 percent); the need for a wheelchair accessible dwelling (53 percent); and the need for financial assistance for support care (35 percent).

At least 21 percent of this sub-group, it was determined, would require extensive attendant care (at least 4.5 hours per day) if they were to move.

c) Those 'In Serious Need': Sub-Group B1 (n=45)

Of those disabled persons who wanted to move from their current accommodation, more than half (53 percent) were considered to be 'in serious need' of subsidized housing (i.e. 90 points or more). As was indicated, many more of this sub-group, compared to the Total Respondents, were living alone (64 percent) and poor (82 percent). While over 40 percent were already in subsidized housing, 36 percent were also on a waiting list for subsidized accommodation.

Two-thirds of this group required assistance with various housekeeping duties (compared to half of the Total Respondents). Furthermore, 22 percent required 4.5 hours or more per day of support care (and particularly between 10-12 noon and 12-6 a.m. when compared to all respondents).

ii) Institutional Survey

The results of the survey of 20 institutionalized disabled people (under 65 years of age) indicated that over 30 percent

each were living in an institution because of their need for help or for rehabilitation. Almost one-quarter of this group had applied for housing in the community and 80 percent said they would like to live outside the institution given appropriate housing and support care. A majority (75 percent) indicated a preference for either a modified house or apartment with support care services available. A number of disabled persons (44 percent) would require a life skills program to assist them in independent living. Most would require extensive modifications to their housing unit if they were to move (i.e. wheelchair accessibility for all features).

If those in institutions, and wanting to move, were able to live in the community, a majority would require nursing and physical therapy and assistance with toileting, dressing and washing/bathing. Half would require 4.5 hours or more per day of support care and almost all would need assistance in doing laundry, grocery shopping and home maintenance. The availability of 24-hour support care or private attendant care would have a definite impact on this group's ability to live independently in the community.

iii) Key Informant Survey

The results of the survey of 29 human service agency personnel indicated a large majority of service providers (86 percent) felt that the available housing options in the Region for physically disabled persons were not adequate. The shortage of accessible rental units was most commonly cited for this view. The lack of attendant care to support disabled persons who would like to live independently was also frequently mentioned by those who felt housing options were inadequate.

Almost 70 percent felt that the provision of support care services was inadequate. Reasons most commonly reported for this

view related to both the availability (quantity) of such services and the high cost. More than 80 percent agreed that some physically disabled individuals have the ability to live independently but are not given the opportunity to do so because housing and support care services are inadequate.

More than 60 percent of the respondents indicated a 'great need' for the following:

a) accessible dwellings with flexible hours of support care;
b) accessible dwellings;
c) central registry for locating accessible dwellings;
d) financial assistance for attendant care; and,
e) accessible public transportation.

RECOMMENDATIONS:

Based upon the results of the questionnaires administered during the study and information gathered throughout meetings with various local and government officials, the following recommendations are put forth:

1.(a) THAT A POINT-RATING SYSTEM AND WAITING LIST (SEPARATE FROM THE FAMILY SYSTEM) FOR PHYSICALLY DISABLED PEOPLE BE ESTABLISHED BY THE O.H.C. TO TAKE INTO CONSIDERATION THEIR SPECIAL HOUSING NEEDS.

AND;

1.(b) THAT THE S.P.R.C., IN CONSULTATION WITH DISABLED CONSUMERS AND OTHER AFFECTED BODIES, PURSUE CHANGES TO THE POINT-RATING SYSTEM BY APPROACHING THE O.H.C.

2.(a) THAT, IN ORDER TO BETTER REFLECT THE CONCERNS AND NEEDS OF PHYSICALLY DISABLED INDIVIDUALS IN THE COMMUNITY AND IN INSTITUTIONS, THE APPROPRIATE CHANGES TO THE COMMUNITY NEEDS HOUSING SURVEY FORM BE MADE BY THE O.H.C. IN CONSULTATION WITH THE S.P.R.C. AND OTHER INTERESTED COMMUNITY ORGANIZATIONS.

AND FURTHER;

2.(b) THAT REGIONAL COUNCIL REQUEST THE O.H.C. TO CONDUCT THE REVISED COMMUNITY NEEDS HOUSING SURVEY AND WAITING LIST ANALYSIS TO ASSESS THE EXTENT OF NEED AND BEDROOM MIX FOR ACCESSIBLE, AFFORDABLE HOUSING UNITS FOR PHYSICALLY DISABLED PERSONS IN THE REGION OF HAMILTON-WENTWORTH.

3.(a) THAT ACCESSIBLE, BARRIER FREE DESIGN UNITS BE ACQUIRED/CONSTRUCTED UNDER THE PRIVATE NON-PROFIT, CO-OPERATIVE AND MUNICIPAL NON-PROFIT HOUSING PROGRAMS TO MEET THE NEED INDICATED BY THE RESULTS OF RECOMMENDATION NO. 2(b).

AND;

3.(b) THAT ALL OF THESE UNITS BE MADE AVAILABLE ON A RENT-GEARED-TO-INCOME BASIS.

4. THAT THE MAJORITY OF THE ADDITIONAL ACCESSIBLE UNITS THAT ARE ACQUIRED/CONSTRUCTED BE THE APPROPRIATE MIX OF LARGE ONE-BEDROOM OR TWO-BEDROOM UNITS (AS INDICATED BY THE RESULTS OF RECOMMENDATION 2b) TO ACCOMMODATE ONE OR TWO-PERSON SIZE HOUSEHOLDS.

5. THAT ALL NON-PROFIT HOUSING CORPORATIONS BE REQUIRED TO ADHERE TO THE C.M.H.C. 5 PERCENT MINIMUM POLICY FOR ACCESSIBLE UNITS UNTIL SUCH TIME AS IT IS CLEARLY DEMONSTRATED THAT THE SUPPLY OF ACCESSIBLE HOUSING HAS REACHED AN ADEQUATE LEVEL IN HAMILTON-WENTWORTH AS INDICATED BY THE RESULTS OF RECOMMENDATION 2(b).

6.(a) THAT THE C.M.H.C. UPGRADE THEIR MINIMUM BUILDING SPECIFICATIONS FOR ACCESSIBLE UNITS FOR PHYSICALLY DISABLED PERSONS.

AND;

6.(b) THAT THE BARRIER FREE DESIGN CENTRE IN TORONTO AND OCCUPATIONAL THERAPISTS BE CONSULTED IN THE UPGRADING PROCESS.

7. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, REVIEW ALL OF THE HOUSING REHABILITATION PROGRAMS WITH THE AIM OF: 1) DEVELOPING A CONSOLIDATED INVENTORY OF THE VARIOUS PROGRAMS; AND 2) ASSURING THAT THE PROGRAMS ARE MEETING THE NEEDS OF PHYSICALLY DISABLED PERSONS IN THE COMMUNITY.

8. THAT THE S.P.R.C. AND REGIONAL COUNCIL APPROACH THE O.H.C. TO PERMIT DISABLED PEOPLE TO HAVE LIVE-IN ATTENDANTS.

9.(a) THAT FUNDING BE GRANTED BY THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES TO DEVELOP AND IMPLEMENT LOCAL OUTREACH ATTENDANT CARE PROGRAM(S).

AND;

9.(b) THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES EXPAND ITS SERVICE DEFINITION OF THE ATTENDANT CARE PROGRAM TO INCLUDE HOUSEKEEPING ACTIVITIES.

10. THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES PROVIDE ADDITIONAL FUNDING FOR A SECOND INDEPENDENT LIVING PROJECT THAT PROVIDES 24-HOUR ON-SITE ATTENDANT CARE IN THE HAMILTON-WENTWORTH REGION.

11. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, INVESTIGATE THE DEVELOPMENT OF A TRANSITIONAL PROGRAM TO TEACH INDEPENDENT LIVING SKILLS TO PHYSICALLY DISABLED ADOLESCENTS AND ADULTS WHO REQUIRE TRAINING BEFORE MOVING TO MORE INDEPENDENT SETTINGS.

12. THAT THE S.P.R.C. REQUEST THE DISTRICT HEALTH COUNCIL TO TAKE IMMEDIATE ACTION BASED UPON THE RESULTS OF RECOMMENDATION NO. 10 OF THE LONG TERM CARE TASK FORCE REPORT (FEBRUARY 1982) REGARDING NON-ELDERLY EXTENDED CARE.

13. THAT THE RESOURCE CENTRE FOR THE PHYSICALLY DISABLED AT THE MAIN BRANCH OF THE HAMILTON PUBLIC LIBRARY TAKE ON THE RESPONSIBILITY OF FURTHER COLLECTING, PROVIDING AND PUBLICIZING INFORMATION ON DISABLED HOUSING PROGRAMS, FUNDING SOURCES FOR MODIFICATIONS AND AVAILABLE SUPPORT SERVICES FOR PHYSICALLY DISABLED PERSONS.

1. SUMMARY OF REPORT

1.1 Introduction

In late 1984, the Social Planning and Research Council of Hamilton and District was approached by the Regional Advisory Committee for the Physically Disabled to sponsor a study of the housing and support care needs of the physically disabled in the Regional Municipality of Hamilton-Wentworth.

In April 1985, funding was secured to hire two research staff people to begin the implementation of a housing and support care study with a grant from the Canada Employment and Immigration Commission (Employment Development Branch).

To assist and guide the research staff, a Community Advisory Committee was established to oversee the development of the study. The membership of the Advisory Committee was composed of local human service providers and disabled consumers.

Throughout the study, the Advisory Committee held a number of meetings with representatives of local and Provincial Government housing agencies. The recommendations in this report reflect information analyzed from both the surveys administered during the study and meetings held with various housing agency representatives and government officials.

Finally, it should be noted that this particular report is a condensed summary and recommendations document. A full report containing the complete data analysis, discussion and recommendations is available through the Social Planning and Research Council. Readers wanting a more complete picture of the implementation and results of the study should refer to the full report (A Study of Housing and Support Care for the Physically Disabled in Hamilton-Wentworth, March, 1986).

1.2 Scope of Study

The goals of the research that were established for the study were:

1. To determine the housing needs of physically disabled persons in Hamilton-Wentworth;

2. To determine the housing demands of physically disabled persons including the type of housing, cost, location and modifications required as well as the support services needed to sustain disabled persons in their housing;

3. To profile the demographic characteristics of a sample of the physically disabled population; and,

4. To identify important requirements and difficulties/problems of physically disabled persons when searching for housing in Hamilton-Wentworth.

For the purposes of the study, a physically disabled person was defined as:

> A person with a medically identifiable disability that results in manipulation and/or mobility restrictions. The disability would be severe enough to require modifications to a housing unit to permit community living. The physically disabled person may need assistance from other persons with basic daily living activities such as eating, dressing, grooming and bathing. This definition includes those with sensory disabilities (visually impaired and hearing impaired).

1.3 Methodology

In general, the following steps were taken during the implementation of the study:

1. Research staff conducted a review of relevant literature in municipalities across Ontario and other provinces to determine government directions in housing for physically disabled persons.

2. Research staff documented the existing financially-assisted rental housing inventory and the level of accessibility of units for disabled persons in this Region.

3. Three self-administered questionnaires were drafted to survey the housing and support care requirements of physically disabled persons in Hamilton-Wentworth. The target groups for the three questionnaires were:

   a) consumers (community);

   b) institutions; and,

   c) key informants.

4. All questionnaires were developed with input from the Community Advisory Committee and Research Advisory Committee of the Social Planning and Research Council.

5. All questionnaires were pre-tested with input from selected disabled persons, agency and institutional staff.

6. Consumer (Community) sample: since there was no population census about disabled persons available, the implementation of this questionnaire was reliant upon the co-operation of local human service agencies who provided either access or distribution to their clients for the survey. Varying numbers of questionnaires were sent to agencies or directly to consumers depending upon client load and procedures regarding confidentiality.

   A press release was distributed to the 'Hamilton Spectator', local radio stations and Cable 4 TV in order to cover consumers who wanted to participate in the study but had not received a questionnaire. Due to sampling limitations, the results of this study have not been extrapolated and, thus, only represent the collective opinions of the respondents.

7. Institution sample: this sample was intended to collect information about those disabled persons under the age of 65 who currently reside in institutions but may have the desire and capability to live in the community given appropriate services. After contacting a number of nursing homes and related services, it was determined that the number of disabled persons who were under 65 with the ability to live independently was small. Those with clients who could be placed in the community were sent questionnaires for distribution.

8. Key Informant sample: a self-administered questionnaire was sent to agencies who were involved with, or provided service to, disabled persons to solicit their opinions about the need for housing and support care for physically disabled persons. Many of the questions were open-ended in nature.

9. Research staff collected, tabulated and analyzed the results of the three questionnaires.

10. A full draft report was prepared including recommendations and commented upon by the Community Advisory Committee and Research Advisory Committee of the Social Planning and Research Council.

1.4 Study Results

1.4.1. Current Housing/Support Services Supply

Information about the supply of subsidized housing for physically disabled persons was derived primarily from the 'Register of Accessible Rental Housing for the Physically Disabled - Regional Municipality of Hamilton-Wentworth', 1985.

Of the 140 units available in the Region for physically disabled persons, 115 had been classified according to their level of accessibility and characteristics. Twenty-five (25) units had not yet been classified by the Region.

Analysis of the disabled units indicated the following:

- 73 percent of the units were in apartment buildings;
- 6 percent of the units were single family dwellings;
- 55 percent of the units were in apartment buildings designated for senior citizens;
- 60 percent of the units were one-bedroom;
- 27 percent of the units were two-bedroom;
- 88 percent of the units were in the City of Hamilton and spread fairly evenly throughout.

The 115 disabled units were classified by the Region using a scale established to define the general level of accessibility. The units were organized by 'type' and, generally, the higher the type number the greater the accessibility of the unit for wheelchair occupants. Table 1 below reflects the level of accessibility of the 115 classified units in the Region.

The Table indicates that 73 percent of the units have a classification of Type 3 or above. These units have a number of features that make them wheelchair accessible.

TABLE 1

CLASSIFICATION OF UNITS*

Classification	Percentage of Units
Type 0 (Unmodified)	3
Type 1	11
Type 2	13
Type 3	34
Type 4A	13
Type 4B	1
Type 5 (Totally Modified)	25
Total	100

* See Appendix 'A' for a 'Description of the Classification of Units for the Physically Disabled'.

Many housing agencies reported no vacancies in units designated for the physically disabled and waiting lists for services. The Hamilton-Wentworth Housing Authority, in August 1985, reported 95 disabled persons on their waiting list and (of those point-rated), 60 percent were considered 'in serious need' of housing. Victoria Park Homes Inc. reported 15 disabled people on its waiting list; Twenty Emerald Street North project reported 6 people on its list, while the co-operatives in the Region reported no vacancies and small waiting lists.

Hamilton-Wentworth has a number of support care services. Twenty-four hour support care service is provided in 13 units at Twenty Emerald Street North (operated by the March of Dimes as an independent living project). This is the only project of this type in the Region. There are no vacancies and a waiting list of 6 people.

A number of community home support care services operate in the Region including: Home Care Program, D.A.R.T.S. transportation service, Meals-on-Wheels, Victorian Order of Nurses, Extend-A-Family, Visiting Homemakers Association and Helping Hands.

In summary, the supply of housing units available to disabled persons is limited. Vacancies, when they occur, are few and waiting lists exist for units in most housing projects. Support care services for disabled persons appear to be operating at their peak.

1.4.2. Consumer (Community) Survey Analysis

The first of the three questionnaires developed during the study was completed by disabled persons in Hamilton-Wentworth. The following response was obtained:

735	Distributed questionnaires
233	Returned questionnaires
32	Percent Response

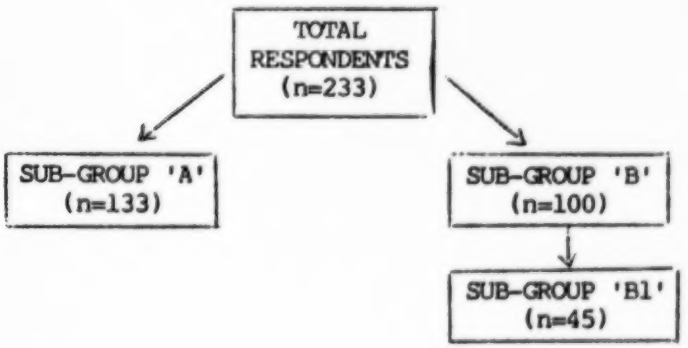
The survey responses (233 or 32 percent) were analyzed in four sections as the following indicates:

(1) Total Respondents (n=233): all responses analyzed

(2) Those Who Do Not Want to Move (n=133): Sub-Group A

(3) Those Who Do Want to Move (n=100): Sub-Group B

(4) Those in Serious Need (n=45): Sub-Group B1



The results from the response to all the questionnaires were first analyzed (Total Respondents: n=233). The questionnaires were then sub-divided into two groups: Sub-Group A (n=133) composed of those disabled persons who did not want to move from their present accommodation and Sub-Group B (n=100) composed of those who did want to move.

Sub-Group B was then examined in further detail to determine how many disabled persons (wanting to move) were likely to be 'in serious need' of subsidized housing. Those 'in serious need' were labelled Sub-Group B1 (n=45). The Hamilton-Wentworth Housing Authority's point-rating system was generally applied to approximate the number of disabled persons who were in serious need of subsidized housing (i.e. 90 points or more).

Appendix 'B' presents a comparative summary of selected information and data from the results of the various samples in the consumer and institutional surveys.

i) Total Respondents

Information analyzed from the results of all of the respondents to the consumer questionnaire (n=233) indicated the following situation:

Demographics:

- 71 percent were between the ages of 20 and 59 (21 percent were 60 years and older and 8 percent were under 20 years of age);
- the male to female ratio was 1:1;
- 38 percent lived by themselves (33 percent lived with one other person); and,
- 48 percent had monthly family incomes of less than $800 indicating that at least 48 percent live below the poverty line ($9,723 annually for a 1-person household). Furthermore, 29 percent reported monthly family incomes of less than $600, placing them well below the poverty line.

Housing:

The following patterns indicate the current housing situations of all respondents:

- 44 percent lived in single family dwellings (38 percent lived in apartment units);

- 63 percent rented their current accommodations;
- almost 33 percent had one bedroom and 33 percent had two bedrooms in their dwellings;
- 82 percent lived in the City of Hamilton;
- at least 1/5 did not have but needed various modifications to their kitchens (1/10 already had needed kitchen modifications);
- approximately 1/5 did not have but needed various modifications to their bathrooms (less than 1/5 had modifications to their bathrooms);
- almost 15 percent did not have but needed other general modifications to their dwelling;
- 42 percent indicated that they had been unable to make needed modifications to their because they were too expensive;
- 68 percent did not live in subsidized housing and 20 percent of this group were on a waiting list for such housing;
- 32 percent were not satisfied with their current accommodation; and,
- 43 percent indicated they would like to move to another dwelling because of needed modifications, lack of accessibility, high rents and/or the need for support care.

Support Care:

- 24 percent indicated arthritis as their diagnosed disability (spinal cord injury, cerebral palsy, multiple sclerosis and amputations each accounted for a further 13 percent of reported disabilities on average);
- of the 83 percent who used a mobility aid, 46 percent used a wheelchair full-time;
- slightly over 1/2 indicated that they required assistance with various housekeeping duties (e.g. laundry);
- slightly over 1/4 indicated that they required assistance with their personal care (e.g. bathing, dressing);

- 21 percent indicated they required 4.5 or more hours per day of support care services;
- about 21 percent each needed assistance between the hours of 8-10 a.m. (morning), 12-2 p.m. (lunch) and 4-6 p.m. (dinner) - 40 percent were unable to anticipate the times they needed assistance;
- 23 percent required nursing care (19 percent required physical therapy and 15 percent occupational therapy);
- 84 percent had not used a relief service* and, of this group, 61 percent did not feel they needed such a service;
- 85 percent depended upon family/friends for their needed support care (62 percent used D.A.R.T.S. transportation service); and,
- 83 percent were satisfied with the way their support care needs were being met.

ii) Sub-Group A (Those Who Do Not Want to Move)

Information analyzed from the results of the respondents who indicated they did not want to move (n=133) from their present accommodation is presented below. Since this sub-group did not want to move, the main reason for analyzing the results of this group was to examine their need for modifications to their units.

Demographics:

The demographic profile of this sub-group was not unlike the profile of the Total Respondents except that fewer people (41 percent) had family incomes below $800 per month. This is not surprising since those people with higher incomes are better able to find adequate accommodation and, thus, more likely to be satisfied with their housing.

---

* A respite service designed to give the care-provider of a disabled person (e.g. family member) time for a vacation or rest.

Modifications:

Based upon information reported by those people who did not want to move, an attempt was made to classify the current level of accessibility of the respondents' dwellings against the level that they likely required.

Table 2 presents the results of this assessment.

TABLE 2

CLASSIFICATION OF PRESENT UNIT TYPE AND REQUIRED TYPE

Classification	Present Type (%)	Required Type (%)
Type 0 (Unmodified)	43	13
Type 1	29	11
Type 2	12	24
Type 3	10	29
Type 4A	2	3
Type 4B	2	7
Type 5 (Totally Modified)	3	13
Total	100	100

By comparing this information, it became evident that many physically disabled persons did not have the modifications to their dwellings that they could use. While most disabled persons did not require a fully modified unit (i.e. Type 5), 53 percent of this sub-group did appear

to require the basic accessibility features of a Type 2 or 3 unit (such as grab bars, turning room for wheelchair).

In spite of this disparity, 52 percent of this sub-group did not feel that modifications were needed to their dwelling. However, 44 percent felt that modifications were too expensive to make. It appears that while modifications would be beneficial for a number of disabled persons, many feel that they can cope without them and do not view the changes as necessary.

iii) Sub-Group B (Those Who Want to Move)

Information analyzed from the results of the respondents who indicated they did want to move (n-100) from their present accommodation is presented below.

Demographics:

As with Sub-Group A, the demographics of this particular sub-group were not unlike the profile of the Total Respondents presented earlier. The only notable difference was that a greater percentage (55 percent) has family incomes of less than $800 per month.

Housing:

- 48 percent indicated they would prefer an apartment unit (33 percent preferred a single family unit);
- 50 percent indicated they would require a two-bedroom unit (33 percent required a one-bedroom unit); and,

- 83 percent preferred to live in the City of Hamilton if they moved.

As with Sub-Group A, a comparison was made of the present level of accessibility and the required level for those disabled persons who did want to move. The results are presented in Table 3.

TABLE 3

CLASSIFICATION OF PRESENT UNIT TYPE AND REQUIRED TYPE

Classification	Present Type (%)	Required Type (%)
Type 0 (Unmodified)	73	6
Type 1	11	17
Type 2	4	28
Type 3	4	10
Type 4A	1	5
Type 4B	2	9
Type 5 (Totally Modified)	5	25
Total	100	100

The Table indicates that 73 percent of those who want to move currently live in a dwelling with no modifications (Type 0). If these disabled persons were to move, however, almost half of them would require a partially to fully modified unit (Type 3 to Type 5). Furthermore, 25 percent would require a fully modified unit (involving wheelchair use).

The following items were chosen by those who wanted to move as the three 'most important items' in looking for a place to live:

- 67 percent - financial assistance for rent
- 53 percent - wheelchair accessible dwelling
- 35 percent - financial assistance for support care

Support Care:

By and large, the support care needs of Sub-Group B were not unlike those reported earlier for the Total Respondents. The only exception was that 35 percent used a wheelchair full-time compared to 45 percent in Sub-Group A.

Sub-Group B was analyzed to determine how many disabled persons would possibly require the availability of 24-hour support care if they were to move. At least 21 percent of the respondents, it was determined, would require extensive attendant care (4.5 or more hours per day).

iv) Sub-Group B1 (Those in Serious Need)

Of the 100 respondents in Sub-Group B, 45 were determined to be 'in serious need' of subsidized housing (i.e. 90 or more points) according to the general application of the Hamilton-Wentworth Housing Authority's point-rating system. These 45 disabled persons have been classified as Sub-Group B1.

Demographics:

The demographic composition of those considered to be 'in serious need' of housing was found to be considerably different than those in Sub-Groups A and B and different from the Total Respondents' profile as the following illustrates:

- 91 percent were between the ages of 20 and 59 (compared to 71 percent for all respondents);
- 64 percent lived alone and 13 percent lived with one other person (compared to 38 and 33 percent respectively for all respondents); and,
- 82 percent had monthly family incomes of less than $800 indicating that at least that many live below the poverty line (compared to only 48 percent of all respondents).

Housing:

- 89 percent rented their current accommodation (compared to 63 percent for all respondents);
- 41 percent currently lived in subsidized housing and 36 percent were on a waiting list for subsidized accommodation; and,
- 52 percent of Sub-Group B (Those Wanting to Move), when pointed using the Hamilton-Wentworth Housing Authority's system, were found to be in serious need of subsidized housing (referred to as Sub-Group B1).

Support Care:

The support care needs of those 'in serious need' of housing (Sub-Group B1) were not unlike those of the Total Respondents except for the following:

- 11 percent used a cane full-time (compared to 25 percent for all respondents) and 37 percent used a wheelchair full-time (compared to 46 percent for all respondents);
- 2/3 required assistance with housekeeping duties (compared to 1/2 for all respondents);
- Sub-Group B1 indicated a greater need for support care between 10-12 noon and from 12-6 a.m. than all respondents on average.

1.4.3. Institutional Survey Analysis

A survey of institutions, designed to determine if disabled persons in such settings could live independently in the community if appropriate support services were provided, yielded 20 responses. Slightly over half of the respondents were currently in the Rehabilitation Unit at the Chedoke Hospital.

Demographics:

Of the 20 persons responding to the survey:

- 55 percent were currently residing in a rehabilitation hospital/unit;
- 31 percent stated their main reason for living where they were was due to their need for help and 31 percent for rehabilitation;
- 23 percent had applied for subsidized housing in the community in the past year;
- 79 percent chose the City of Hamilton as their preferred area of residence;
- 55 percent were not satisfied with their current accommodation and 80 percent indicated they would like to move (given appropriate support care and housing);
- 44 percent indicated a preference for a modified house with support care and 31 percent preferred a modified apartment with support care;

- 44 percent indicated they would require a life skills program to assist them in independent living;

The majority of the respondents who were in institutions and who wanted to move used a wheelchair (12 full-time and 5 part-time). This indicated that they would require extensive modifications to their housing. Most would need an accessible unit with a fully modified bathroom (wheel-in shower) and most accessible features in the kitchen (i.e. adjusted countertops and lowered cupboards).

Support Care:

- 69 percent each required assistance with toileting and getting into/out of bed while 93 percent each required assistance when dressing and washing/bathing;
- 50 percent required 4.5 or more hours of support care per day;
- 82 percent received nursing care and 82 percent received physical therapy; and,
- 94 percent indicated that they would require support care in doing laundry, grocery shopping and home maintenance if they were to move into the community.

Half of the respondents who wanted to move required 4.5 or more hours of care per day indicating a need for flexible hours for support care, the availability of 24-hour support care or a private attendant.

1.4.4. Key Informant Survey Analysis

The third questionnaire was administered to the directors of a number of local human services who serve disabled persons. The following response was obtained:

44 Distributed questionnaires

29 Returned questionnaires

66 Percent Response

The results of the survey indicated the following situation:

- 86 percent felt that the available housing options in the Region for disabled persons were not adequate;
- 69 percent felt that the provision of support care services were not adequate;
- 83 percent felt that inadequate housing and support care services were inhibiting the opportunity for disabled people to live independently in the community.

Key informants were asked to rate a number of housing and personal support care items according to need (i.e. great need, some need, no need) and relative importance. The following six items were most frequently reported as indicating 'great need' in the community:

- 69 percent - accessible dwellings with flexible hours of support care;
- 65 percent - accessible dwellings;
- 65 percent - central registry for locating accessible dwellings;
- 62 percent - accessible public transportation;
- 55 percent - accessible dwellings with 24-hour support care on site.

2. DISCUSSION AND RECOMMENDATIONS

2.1 Introduction

Four main issues pertaining to the housing and support care requirements of physically disabled persons have been identified in this study:

(1) the availability of accessible housing;

(2) the availability of support care;

(3) the affordability of accessible housing and support care; and,

(4) the availability and co-ordination of information on housing and support care services for physically disabled people.

Physically disabled persons who have a disability that limits their mobility often encounter serious problems with the accessibility of conventional housing. For some of these individuals (i.e. the 'walking disabled'), minor modifications may be all that is required to make a housing unit accessible. Modifications such as lightweight doors and grabrails or bars could make a home accessible for those persons with moderate disabilities.

For the disabled person who requires a wheelchair, more extensive modifications are usually necessary to make a unit accessible. Ramps, wider doorways, relocated electrical switches and outlets, open space under sinks and counters, and adequate wheelchair turning space are basic requirements to make a housing unit accessible to a person in a wheelchair. For some physically disabled persons, an accessible unit may not be sufficient to allow an independent life-style. These individuals may also require assistance with activities of daily living. For them, support care services that provide assistance with personal care and housekeeping activities may be necessary.

In addition to the availability of accessible housing and support care services, the affordability of both these items is an important consideration. Many physically disabled persons face financial restrictions due to their limited income from government disability allowances.

Finally, the number of housing programs, modification assistance programs and support services that have different qualifying criteria and locations make it very confusing and frustrating for a physically disabled person who needs assistance.

The following recommendations reflect these issues, and they are presented as a starting point to meet the housing and care needs of physically disabled people in the Region of Hamilton-Wentworth. The recommendations are based on the results of the surveys, information about the Chedoke Continuing Care Centre and the experiences gained during the study. They do not take into account any projections to a total estimated physically disabled population.

The recommendations are divided into three sections: the first section addresses housing concerns and the second section addresses support care issues and related housing options. The third section addresses the need for the coordination of information on housing and support care services for physically disabled people.

2.2 Housing Recommendations

Point-Rating System

Under the current public housing program administered by the Ontario Housing Corporation (O.H.C.) and Hamilton-Wentworth Housing Authority, there is little provision made for disabled people with special housing needs. The present selection process, whereby applicants for subsidized housing are point-rated based on a set of criteria, is very restrictive and makes little allowance for disabled people's special needs (e.g. accessible unit, modifications to bedroom and kitchen). They are point-rated under the same system that is used for families; this system does not accurately reflect or take into consideration the special housing needs of disabled

people, many of whom are single.

During the study process, the research team and the Community Advisory Committee, in consultation with the United Disabled Consumers group, began to develop a system which they felt would better reflect the special needs of disabled persons. This draft proposal may provide a good starting point to examine needed changes to the Ontario Housing Corporation point-rating method.

It is also apparent that this study is not the first to propose revisions to the current pointing system. In February 1981, the provincial Standing Committee on the Administration of Justice produced its 'Report on the Ontario Housing Corporation and Local Housing Authorities' (4th Session; 31st Parliament). Two of the Committee's 119 recommendations were that:

> "The Ontario Housing Corporation develop a distinct point-rating scale for the handicapped/disabled which reflects their particular housing needs and assigns a higher weight to the proportion of their income spent on rent." (Recommendation No.31, page vii)

> "The Ontario Housing Corporation increase income deductions for the handicapped and other disabled tenants to reflect their special, costly needs." (Recommendation No.39, page viii)

The human costs associated with the inadequacies of the current system are real. One particular case was brought to the attention of the Community Advisory Committee. A disabled man was being forced to move from his rental unit due to circumstances beyond his control. His unit was inaccessible (on the second floor of a triplex) and, being confined to a wheelchair, the unit posed a fire hazard for him. His washroom facilities were not accessible for wheelchair use. Faced with

this situation, he had applied for a subsidized unit. He was informed, however, that his application was not considered a top priority (i.e. placed high on the waiting list) and that he would have to wait for a unit - possibly for months. The inadequacies of the present system are quite evident for a man who will soon have to leave a unit which is inaccessible and a hazard knowing he has few housing alternatives while on a waiting list with 100 other people.

It is recommended:

1.(a) THAT A POINT-RATING SYSTEM AND WAITING LIST (SEPARATE FROM THE FAMILY SYSTEM) FOR PHYSICALLY DISABLED PEOPLE BE ESTABLISHED BY THE O.H.C. TO TAKE INTO CONSIDERATION THEIR SPECIAL HOUSING NEEDS.

AND;

1.(b) THAT THE S.P.R.C., IN CONSULTATION WITH DISABLED CONSUMERS AND OTHER AFFECTED BODIES, PURSUE CHANGES TO THE POINT-RATING SYSTEM BY APPROACHING THE O.H.C.

Assessment of Community Need

Since there is no complete demographic profile (i.e. Census) available of physically disabled people in the Hamilton-Wentworth Region, the study obtained data from a sample of physically disabled persons. It was impossible to achieve a totally random sample of all physically disabled people in the Hamilton-Wentworth Region. For this reason, the study could not specify the total number of units required for physically disabled people in the Region.

The Ontario Housing Corporation, however, has established a method for determining the level of supply and demand for subsidized housing in a municipality. This determination is made by implementing a 'Community Needs Housing Survey' in conjunction with a waiting list analysis.

While this housing needs survey provides a useful starting point for ascertaining the level of need, it does not, in the opinion of the Community Advisory Committee, always accurately reflect the special circumstances of disabled persons. Certain changes to the form should be made prior to implementation of the survey.

Therefore, it is recommended:

2.(a) THAT IN ORDER TO BETTER REFLECT THE CONCERNS AND NEEDS OF PHYSICALLY DISABLED INDIVIDUALS IN THE COMMUNITY AND IN INSTITUTIONS, THE APPROPRIATE CHANGES TO THE COMMUNITY NEEDS HOUSING SURVEY FORM BE MADE BY THE O.H.C. IN CONSULTATION WITH THE S.P.R.C. AND OTHER INTERESTED COMMUNITY ORGANIZATIONS.

AND FURTHER;

2.(b) THAT REGIONAL COUNCIL REQUEST THE O.H.C. TO CONDUCT THE REVISED COMMUNITY NEEDS HOUSING SURVEY AND WAITING LIST ANALYSIS TO ASSESS THE EXTENT OF NEED AND BEDROOM MIX FOR ACCESSIBLE, AFFORDABLE HOUSING UNITS FOR PHYSCALLY DISABLED PERSONS IN THE REGION OF HAMILTON-WENTWORTH.

Additional Accessible Housing

The findings of the study indicate that there is a need for additional barrier-free wheelchair accessible units. Wheelchairs are required on a full-time basis by 46 percent of the respondents. Most of the other respondents require mobility aids such as canes, crutches or walkers. These people would also benefit from a barrier-free design unit (although it need not be wheelchair accessible).

Based on the comparison of classification of units that respondents now live in and the classification that they require, there is a serious discrepancy. Most of the respondents presently live in unmodified units. Approximately 50

percent of those who want to move require at least a Type 3 unit which has minimal modifications to the bathroom and kitchen in addition to general accessibility features (i.e. ramps, wider doorways and electrical switches/outlets re-located).

In addition to the fact that most disabled people are currently living in inaccessible units, most disabled people cannot afford to pay market rents for their housing. The study's findings indicate that there is a severe housing affordability problem for many physically disabled people. Almost half of the respondents (48 percent) have a gross family monthly income of less than $800. On a yearly basis, this equals $9,600 or less. The 1985 poverty line for a family size of one in an area the size of Hamilton-Wentworth (population: 100,000-499,999) was $9,723. Thus, almost half of the physically disabled people surveyed live below the poverty line in this Region. In fact, 29 percent have incomes of less than $600 per month*, placing them well below the poverty line - at least 25 percent below the one-person poverty line!

The affordability of appropriate housing is a crucial factor for physically disabled people. In April 1985, a Canada Mortgage and Housing Corporation (C.M.H.C.) survey indicated that the average rent for a one-bedroom apartment in the Hamilton-Wentworth area was $318 per month. Assuming that a disabled person or family will pay 25 percent of their income on rent, less than 11 percent of the survey respondents could afford a one-bedroom apartment on the open market! A vast majority of disabled persons could not afford an unsubsidized apartment in this Region. Financial assistance with

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* Most of these respondents are likely to be living only on a GAINS-D allowance ($432 per month or $5,184 per year).

rent was one of the top three priorities for two-thirds of the respondents who wanted to move.

In view of the evidence supporting the assertions that almost 51 percent of disabled people require and/or would benefit from a barrier-free unit, and that a vast majority of disabled people cannot afford to pay market rents for appropriate housing, the following recommendations are put forth:

3.(a) THAT ACCESSIBLE/BARRIER FREE DESIGN UNITS BE ACQUIRED/CONSTRUCTED UNDER THE PRIVATE NON-PROFIT, CO-OPERATIVE AND MUNICIPAL NON-PROFIT HOUSING PROGRAMS TO MEET THE NEED INDICATED BY THE RESULTS OF RECOMMENDATION NO. 2(b).

AND;

3.(b) THAT ALL OF THESE UNITS BE MADE AVAILABLE ON A RENT-GEARED-TO-INCOME BASIS.

It has been stated that there is an unmet need in Hamilton-Wentworth for accessible, assisted housing units. The question that remains is 'what type of housing is needed?'.

Questionnaire responses make it possible to ascertain the types of housing required to meet the needs of the disabled population. Based on the demographic information obtained from the questionnaires, it is evident that housing for single disabled people is a major concern. Approximately 40 percent of the survey respondents are unattached individuals, and many of these people live either alone or in a two-person household. It is, therefore, evident that a proportion of the accessible subsidized housing units to be acquired/constructed should be either large one-bedroom units or two-bedroom units. Since many disabled people require a

wheelchair, these units should be larger than an average bachelor or one-bedroom apartment. More than 80 percent of the respondents indicated that they require either a one-bedroom or a two-bedroom apartment.

In addition to the fact that almost half the respondents are unattached individuals, most of them are between the ages of 20 and 59. This indicates that the needed additional units are not for disabled children or seniors (although, in both cases, there is some need), but for single disabled adults under the age of 60. In reviewing the existing housing programs, it is acknowledged that these single disabled individuals or married couples are housed under various programs. However, they are often housed inappropriately in a senior citizen apartment or in a three-bedroom townhouse. The senior citizen situation is not ideal because these younger adults are not among people their own age and the units are often too small to adequately accommodate a wheelchair. Also, over-housing an individual in a three-bedroom unit is not an ideal use of space either.

It is therefore recommended:

4. THAT THE MAJORITY OF THE ADDITIONAL ACCESSIBLE UNITS THAT ARE ACQUIRED/CONSTRUCTED BE THE APPROPRIATE MIX OF LARGE ONE-BEDROOM OR TWO-BEDROOM UNITS (AS INDICATED BY THE RESULTS OF RECOMMENDATION 2b) TO ACCOMMODATE ONE OR TWO-PERSON SIZE HOUSEHOLDS.

The Canada Mortgage and Housing Corporation currently has a policy that government-funded housing projects must have 5 percent of the units accessible for use by disabled persons, unless it can be demonstrated that the need for these units does not exists.

This study presents evidence that there is presently a need to increase the supply of rent-subsidized accessible units in Hamilton-Wentworth. In order to help facilitate this goal, it is recommended:

5. THAT ALL NON-PROFIT HOUSING CORPORATIONS BE REQUIRED TO ADHERE TO THE C.M.H.C. 5 PERCENT MINIMUM POLICY FOR ACCESSIBLE UNITS UNTIL SUCH TIME AS IT IS CLEARLY DEMONSTRATED THAT THE SUPPLY OF ACCESSIBLE HOUSING HAS REACHED AN ADEQUATE LEVEL IN HAMILTON-WENTWORTH AS INDICATED BY THE RESULTS OF RECOMMENDATION 2 (b).

Barrier Free Housing Design

Some key informants as well as survey respondents stated that a major problem with housing for disabled people is that some units are not built accessible and that the accessible features often do not fit the disability.

Community respondents cited situations where ramps had been built too steep for wheelchairs, heating controls were located too high or too low, door handles were round and difficult to turn and there was not enough wheelchair turning space in the kitchen of a supposedly 'accessible' unit. Several community respondents and key informants indicated that it is important to include the disabled individuals and appropriate health care professionals (particularly Occupational Therapists) in the design stages of building projects.

It is recommended:

6.(a) THAT THE C.M.H.C. UPGRADE THEIR MINIMUM BUILDING SPECIFICATIONS FOR ACCESSIBLE UNITS FOR PHYSICALLY DISABLED PERSONS.

AND;

6.(b) THAT THE BARRIER-FREE DESIGN CENTRE IN TORONTO AND OCCUPATIONAL THERAPISTS BE CONSULTED IN THE UPGRADING PROCESS.

Modifications to Existing Dwellings

Many respondents indicated that they encountered difficulties with regards to making modifications to their homes. The major problems seemed to be in the areas of information on changes required and assistance needed to make the changes (i.e. What to do and how to go about it?), as well as financial considerations.

The Canada Mortgage and Housing Corporation's Residential Rehabilitation Assistance Program (RRAP) can be useful to some physically disabled homeowners; however, people seeking assistance through the program often encounter many restrictions. One restriction is that it is limited to use by people living in certain specified areas. For those living in areas where RRAP is available, there are other restrictions. Income ceilings mean that many moderate income families are ineligible. Several respondents commented on the dilemma faced by middle income families with a disabled member. They cannot afford to pay for housing modifications themselves but their incomes are too high to be eligible for a grant/loan.

People who rent their dwellings also are at a disadvantage because their landlord must participate in obtaining the funds and there are limiting criteria.

Other programs are also available that provide funds for physically disabled people to modify their homes. However, each program has different locational and qualifying criteria. It is a very frustrating process to identify and locate the programs, fill in the required application forms for each and then possibly not qualify for any.

In order to: 1) alleviate the confusion surrounding the guidelines/criteria of the various modification programs; 2) extend the geographic area of service; and, 3) increase the income ceilings to allow more disabled persons to benefit from the programs, it is recommended:

7. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, REVIEW ALL OF THE HOUSING REHABILITATION PROGRAMS WITH THE AIM OF: 1) DEVELOPING A CONSOLIDATED INVENTORY OF THE VARIOUS PROGRAMS; AND, 2) ASSURING THAT THE PROGRAMS ARE MEETING THE NEEDS OF PHYSICALLY DISABLED PERSONS IN THE COMMUNITY.

Live-In Attendant Care

The Ontario Housing Corporation's policies regarding the support service and attendant care requirements of disabled people are poorly defined. Disabled applicants are required to be able to 'cope on their own', and are not permitted to have an unrelated live-in attendant. The phrase 'cope on their own' is nebulous; there is no indication of the amount of outside assistance individuals might receive before they are considered to be capable of coping on their own. It is our understanding that the Ontario Housing Corporation requires that a physically disabled person must have an outside agency or a family member to provide for their attendant care needs. If a person is able to direct their own care requirements and has a private

attendant, they would be ineligible for a housing unit. This stipulation appears to be discriminatory and an infringement of both the Ontario Human Rights Code and the Charter of Rights and Freedoms. The current system discourages disabled people from maintaining an independent life-style. To address this issue, it is recommended:

8. THAT THE S.P.R.C. AND REGIONAL COUNCIL APPROACH THE O.H.C. TO PERMIT DISABLED PEOPLE TO HAVE LIVE-IN ATTENDANTS.

2.3 Support Care Recommendations

Most of the respondents were satisfied with the way their support care needs were being met. Most relied on family and friends to take care of their needs. They also used a few community services when required.

Outreach Attendant Care

The most frequently stated reasons for not being satisfied with support care, were that the family needed assistance with care or that they needed more attendant care:

> "...my mother does all my needs for me but she is getting older and is not as capable."

> "I would like an attendant to help me into bed at night and one available when family/friend on holiday."

Present in-home support care programs cannot meet all the needs of physically disabled people. First, many disabled people require 'after hours' assistance with personal care activities such as 'getting into or out of bed'. For example, of the 69 of 100 respondents in Sub-Group B (Those Wanting to Move), 13 respondents required assistance after 6 p.m. until 8 p.m. Eleven needed help between 8 to 10 p.m.

and 13 needed assistance between 10 p.m. and 12 midnight. Also, 15 needed assistance between 6 a.m. and 8 a.m.

Secondly, many people living in the community do not require medical or professional services. Only 19 percent of the respondents require nursing care. Thus, if they do not require a 'professional service', they are not eligible for the Home Care program. They may still, however, require an attendant.

The results of the institutional survey also indicated a need for more attendant care services. Most of the respondents required assistance with personal care activities and they required an average of four hours of care per day. Most respondents required assistance in the early morning, at noon and in the late evening. Present community support care programs do not provide service during all of these hours.

The Ministry of Community and Social Services announced an expansion of attendant care services for severely disabled persons in June of 1984. The purpose of the Attendant Care Outreach program is to provide additional attendant care services to physically disabled adults living in the community. The program is designed to provide service flexibility. The Ministry describes for whom the services are appropriate in its 'Attendant Care Outreach Program, Draft Policy Framework', June 20, 1984:

> "persons living with their parents who, because of aging or some other circumstances, are experiencing difficulty in providing total daily assistance."
>
> "an adult couple whereby one partner experiences difficulty in providing total daily living assistance to his/her disabled partner."

> "single disabled persons who cannot obtain an appropriate level of service through existing visitation programs." (p.1)

Several agencies have made application to receive funding to start Outreach Programs in the Region of Hamilton-Wentworth.

The Ministry of Community and Social Service's definition of attendant care does not allow for the provision of housekeeping services. Such services could include tasks like banking, grocery shopping, laundry and cleaning of the home.

While the attendant care outreach program is certainly a welcome service to facilitate the movement towards independence for many disabled persons, some gaps exist. Disabled persons must currently co-ordinate their homemaking hours with their attendant care hours even though money for both programs comes from the Ministry. It would appear to be a more effective arrangement if attendants could be allowed to perform certain housekeeping services where both services are needed. Many disabled persons cannot live in the community without both personal and housekeeping services - allowing attendants to perform housekeeping tasks could save the Ministry money, not to mention the improved service for the disabled consumer.

It is recommended:

9.(a) THAT FUNDING BE GRANTED BY THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES TO DEVELOP AND IMPLEMENT LOCAL OUTREACH ATTENDANT CARE PROGRAM(S).

AND;

9.(b) THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES EXPAND ITS SERVICE DEFINITION OF THE ATTENDANT CARE PROGRAM TO INCLUDE HOUSEKEEPING ACTIVITIES.

Twenty-Four Hour Attendant Care

Of the community respondents who wanted to move (Sub-Group B), six would require an independent living program with the availability of 24-hour attendant care and 12 indicated that such care would be important to them when looking for another place to live. Of the institution respondents who wanted to move, eight would probably require a 24-hour attendant care program and 10 said that such a program would be important to them if they were to live in the community.

Also, there is a waiting list of six people for the existing independent living project at Twenty Emerald Street North. No waiting list was maintained by Twenty Emerald Street North until the summer of 1985. At that time, they opened their files and began to accept referrals from the community because of vacancies made available through new units. They are currently no longer accepting referrals since the six people on their waiting list represent a potential wait of up to two years for service.

This information indicates a need for more services that would provide 24-hour attendant care services. Many key informants also expressed the view that there is a need for increased availability of 24-hour support care services. It was the collective opinion of the Community Advisory Committee, as well,that this need exists, based upon their experiences.

It is recommended:

10. THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES PROVIDE ADDITIONAL FUNDING FOR A SECOND INDEPENDENT LIVING PROJECT THAT PROVIDES 24-HOUR ON-SITE ATTENDANT CARE IN THE HAMILTON-WENTWORTH REGION.

While the information collected by and during the study indicates that funding should be granted for a second independent living scheme, the size of such a facility and the program type should be dependent upon a clearer specification of the magnitude of need.

In so doing, the Ontario March of Dimes may want to consider opening their files again to: a) receive new applications, and b) review applications already on their waiting list to determine the current status of each client. The six people currently on the waiting list may underrepresent the total need in the community. Opening up the waiting list for applications, in consideration with the turnover rate experienced by Twenty Emerald Street North, will assist in establishing the present demand for service.

Furthermore, the Ministry of Community and Social Services and potential sponsors of an Independent Living Project should also attempt: a) to determine if existing residential units could be converted for use by the disabled; b) review forecasting of future needs; and, c) address the turnover rate anticipated in such a complex.

These factors should be fully assessed to determine the appropriate facility size to meet the demand in the community.

Life Skills Training

Other items concerning support care were mentioned by key informants, community and institutional respondents.

Fifteen respondents to the community survey and seven of the institution respondents indicated a need for a life skills program to teach independent living skills. This was also a concern of key informants:

> "Young adolescents need to be taught early the skills necessary to be independent. If they are not, they sit home on disability pensions."

> "Most programs only go to a certain age or stop when the person is away from an institution and in most cases that's where the person stops growing."

A transitional living program could operate as part of an Independent Living Centre. It would emphasize the shift from a dependent life-style to self-dependence in directing one's own life and maintaining a household. The primary services would be skills training in such areas as attendant management, financial management, consumer affairs, educational and vocational opportunities, medical needs, functional skills, social skills, time management and sexuality. The programs should be from several weeks to several months long.

It is recommended:

11. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, INVESTIGATE THE DEVELOPMENT OF A TRANSITIONAL PROGRAM TO TEACH INDEPENDENT LIVING SKILLS TO PHYSICALLY DISABLED ADOLESCENTS AND ADULTS WHO REQUIRE TRAINING BEFORE MOVING TO MORE INDEPENDENT SETTINGS.

Need for Type 2* Facility

The Annual Reports of the Placement Co-ordination Service** from 1976 to 1982 indicate a re-occurring problem in placing people under the age of 60 in the community. The 1976 Annual Report states that the Placement Co-ordination Service:

> "...continue[s] to experience difficulty in placing the person under 60 who requires long-term care in a setting which will recognize the attitudes and expectations of the younger person and be able to provide the stimulus of hobbies, recreation and social contact...
>
> The Chedoke Continuing Care Centre offers a program for the young chronically ill person, but; there is no nursing home facility which caters exclusively to the younger client." (p.11)

The 1982 Annual Report indicates no change in this situation from 1976.

In 1982, the 'Final Report of the Long Term Care Task Force of Hamilton-Wentworth District Health Council' (February 1982) addressed the need for Type 2 care for the young disabled. The report states the problem as follows:

> "the non-elderly segment of the extended care population currently occupies approximately 6% of the extended care beds in the Region... Because of their age, placement in a nursing home may leave psycho-social needs of this group unmet. In addition, the Administrator of Assessment and Placement Service [a.k.a. Placement Co-ordination Service] has noted that many in this category refuse placement to a nursing home." (p.101 and p.103)

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* Not to be confused with housing 'types' previously referred to regarding the level of accessibility of units. 'Type 2', in this case, refers specifically to the Ministry of Health's 'Patient Care Classification by Type of Care, 1975' for levels of support care (not housing accessibility).

** Placement Co-ordination Service is mandated to aid in the placement of people who require long-term care in the institution or program that can best meet their needs.

The Task Force goes on to say that:

> "The Task Force recommends that the Health Council, in conjunction with the Assessment and Placement Service, undertake further study of the need for developing appropriate programmes/facilities for extended care patients under age 65." (p.103 - Recommendation No.10)

At present, there are 106 residents of the Chedoke Continuing Care Centre between the ages of 18 and 60. Any specific proposal for community living should include the wishes of those members of the Centre who could benefit from integration into the community at large.

Based on the foregoing, it is recommended:

12. THAT THE S.P.R.C. REQUEST THE DISTRICT HEALTH COUNCIL TO TAKE IMMEDIATE ACTION BASED UPON THE RESULTS OF RECOMMENDATION NO. 10 OF THE LONG TERM CARE TASK FORCE REPORT (FEBRUARY 1982) REGARDING NON-ELDERLY EXTENDED CARE.

Other Support Care Issues

Other issues were mentioned by the questionnaire respondents that are important to note but that the study did not focus on and, therefore, did not determine sufficient evidence to form recommendations. However, they warrant some mention.

First, the issue of funding one-on-one attendant care was mentioned by some key informants. Presently, an Order-in-Council must be obtained to provide this type of care, however this is time consuming and difficult, if not impossible, to obtain.

Second, most community respondents indicated a need for assistance with housekeeping activities. In some cases, concern was expressed about paying for housekeepers of that, in order to obtain these services, a physically disabled person had to require a professional or medical service first. These issues were not explored further in the study.

Attendant care services in the workplace was a need expressed by some key informants.

Finally, some community respondents indicated financial concerns because of the amount of money needed to pay for prescriptions and spcial medical needs or aids that they required.

The accumulation of all of these issues and concerns perhaps indicates a need to study the support care model operating in Hamilton-Wentworth presently.

2.4 Information Co-ordination Recommendation

Throughout both the Community and Key Informant surveys, it was evident that there was a problem with a lack of information about housing and modification programs. Also, because there are many different programs located at different offices all with varying eligibility criteria, the process of first finding the information and then applying can be a very frustrating one.

The Accessible Rental Housing Register for Hamilton-Wentworth provided by the Region in 1985 is now available to the public in several locations. One important location - the Resource Centre for the Physically Disabled at the main branch of the Hamilton Public Library (55 York Boulevard -

provides a great deal of useful information for physically disabled people and it has available special devices and programs to make the information accessible. It would be beneficial to have this Registry publized in the community.

Other information about housing rehabilitation programs and support services could also be made available at this central location.

It is recommended:

13. THAT THE RESOURCE CENTRE FOR THE PHYSICALLY DISABLED AT THE MAIN BRANCH OF THE HAMILTON PUBLIC LIBRARY TAKE ON THE RESPONSIBILITY OF FURTHER COLLECTING, PROVIDING AND PUBLICIZING INFORMATION ON DISABLED HOUSING PROGRAMS, FUNDING SOURCES FOR MODIFICATIONS AND AVAILABLE SUPPORT SERVICES FOR PHYSICALLY DISABLED PERSONS.

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APPENDIX 'A'

DESCRIPTION OF CLASSIFICATION OF UNITS FOR THE PHYSICALLY DISABLED

The following classification scale has been established to define the general degree of accessibility/modifications to disabled units in the Region:

Type 0 - The unit itself and/or all the rooms are not accessible to wheelchairs due to stairs, narrow doors, steep ramps and other barriers. The unit is most suitable for the walking disabled.

Type 1 - The units and all rooms are wheelchair accessible due to good access to building, elevators, wide doors and ramps no greater than 8% slope. In addition, the unit contains height modified electrical switches. This includes people with respiratory disease, heart disease and severe chronic pain, back and joints.

Type 2 - This unit is wheelchair accessible and has minimal changes to the bathroom such as toilet and tub grab bars and an opening under the sink. This unit is most suitable for those who require walking aids, such as leg braces, canes, walkers and the occasional wheelchair user.

Type 3 - The unit contains all the accessible features of a Type 2 unit plus having minimal modifications to the kitchen such as a 5' turning radius for wheelchairs and an opening under the sink. This unit is most suitable for persons who are wheelchair dependent with normal to strong upper extremities. This would include someone with paraplegia. However, this disabled tenant may rely on someone else to do the cooking.

Type 4A - The unit has all the accessible features of a Type 2 unit plus:

- wheel-in shower
- modified water taps
- lowered mirror
- may have a large toilet

This unit is most suitable for a wheelchair dependent person with weak upper extremities who cannot use a bathtub even with assistance, e.g. quadriplegia due to spinal cord injury multiple sclerosis, muscular dystrophy of severe stroke. These tenants rely on others to do the housework and cooking.

Type 4B - The unit has all the accessible features of a Type 3 unit plus:

- modified taps in the kitchen
- extra floor to ceiling shelves lowered top cupboards and lower cupboard
- counter-top stoves
- side opening oven or microwave oven

This unit is most suitable for a disabled homemaker who is able to work from a wheelchair.

Type 5 - The unit is fully modified, having all the accessible features of Types 1, 4A and 4B units. This unit is most suitable for any disabled homemaker who works from a wheelchair but who has weaker than normal upper extremities.

Source: 'Register of Accessible Rental Housing for the Physically Disabled', Regional Municipality of Hamilton-Wentworth, 1985.

APPENDIX 'B'

SURVEY DATA SUMMARY TABLE

	Consumer (Community) Survey				Institutional Survey
	Total (n=233)	Not Move 'A' (n=133)	Move 'B' (n=100)	Serious Need 'B1' (n=45)	(n=20)
	%	%	%	%	%
Demographics:					
Under 20 years	8	8	7	4	0
20-59 years	71	68	75	91	70
Over 59 years	21	24	18	5	30
Male	50	50	49	53	45
Female	50	50	51	47	55
1-person household	38	36	40	64	NA
2-person household	33	31	35	13	NA
3+person household	29	33	15	23	NA
< $800/month	48	41	55	82	83*
< $600/month	29	24	35	62	61
Housing:					
Single-family	44	NAC	31	NAC	NA
Apartment	38	NAC	48	NAC	NA
Renting	63	NAC	79	89	NA
In City	82	NAC	88	NA	NA
In Subsidized Housing	32	NAC	25	41	NA
On Waiting List**	20	NA	23	36	24
Support Care:					
Wheelchair (full-time)	46	NAC	35	37	75
4.5 or more hours/day	21	NAC	21	22	50
10 p.m.-8 a.m.***	1/8	NAC	1/8	1/7	2/3
Housekeeping ***	2/3	NAC	NAC	2/3	9/10
Personal ***	1/3	NAC	NAC	1/3	7/10
Professional ***	1/7	NAC	1/7	1/7	6/10

NA = no analysis conducted
NAC = not applicable
* = estimated by respondent
** = percentage is of those who do not already live in subsidized housing
*** = data presented as fraction not as a percentage (e.g. 1/7 ≒ 15 percent). Data should only be interpreted as approximate measures.

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